

# AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ IXC

☐ CLEC

☐ ILEC

☐ Water

☐ Sewer

## CERTIFICATED COMPANY INFORMATION

\_\_\_\_\_  
Company Name FEIN/SSN: \_\_\_\_\_

\_\_\_\_\_  
Dba/fka Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Location

\_\_\_\_\_  
County: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

## REGISTERED AGENT INFORMATION

\_\_\_\_\_  
Registered Agent: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

A. Regulatory Officer: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

B. Customer Complaints: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

CONTINUE ON BACK

C. Engineering Operations \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

D. Test and Repair: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: \_\_\_\_\_  
(During Non-Office Hours)

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

F. Financial: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

G. Customer Contact (Toll Free) \_\_\_\_\_

\_\_\_\_\_  
This form was completed by Signature

Title: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO: Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

And

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
Post Office Box 11263  
Columbia, South Carolina 29211

(Rev. PSC05)